



## GENERAL POWER OF ATTORNEY

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

**TO ALL PERSONS, be it known that I, JAMES G FURNISS, of PATENT APPLICATION # 09/875,207, the undersigned Principal, do hereby make and grant a general power of attorney to ROYAL W. CRAIG, of ROYAL W. CRAIG, ESQUIRE, and do thereupon constitute and appoint said individual as my attorney-in-fact.**

**My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:**

**(NOTICE: The principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (M) below for which the grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)**

JGF	X	<del>(A) Real estate transactions</del>
		<del>(B) Tangible personal property transactions</del>
		<del>(C) Bond, share and commodity transactions</del>
		<del>(D) Banking transactions</del>
		(E) Business operating transactions
		<del>(F) Insurance transactions</del>
		<del>(G) Gifts to charities and individuals other than</del>

attorney-in-fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

- JGF [ X ] (H) Claims and litigation  
[ ] ~~(I) Personal relationships and affairs~~  
[ ] ~~(J) Benefits from military service~~  
JGF [ X ] (K) Records, reports and statements  
[ ] ~~(L) Full and unqualified authority to my attorney-in-fact~~  
to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select  
JGF [ X ] (M) All other matters

Other Terms:

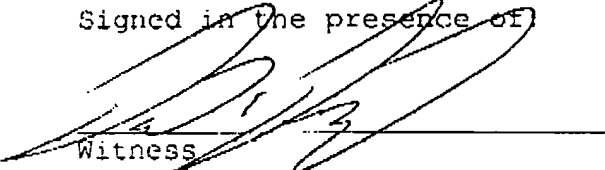
PRODUCT KNOWN AS FLEX RIGGIN SRTAP APPLICATION # 09/875,207

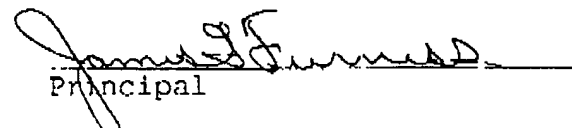
My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 20th day of May, 2002.

Signed in the presence of

  
Witness

  
Principal

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Attorney-in-Fact

STATE OF NEW JERSEY  
COUNTY OF CAMDEN

RECEIVED

On May 20, 2002 before me, JAMES G FURNISS,  
personally appeared James G Furniss, personally known to me (or  
proved to me on the basis of satisfactory evidence) to be the  
person(s) whose name(s) is/are subscribed to the within  
instrument and acknowledged to me that he/she/they executed the  
same in his/her/their authorized capacity(ies), and that by  
his/her/their signature(s) on the instrument the person(s), or  
the entity upon behalf of which the person(s) acted, executed the  
instrument.

WITNESS my hand and official seal.

Signature [Signature]

My commission expires:

3-5-04

Affiant ✓

Known ✓

Produced ID

Type of ID -  
(Seal)